

MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM, WATER POLLUTION CONTROL BRANCH **ANTIDEGRADATION REVIEW SUMMARY**

ATTACHMENT D: TIER 1 REVIEW

1. FACILITY							
NAME				TELEPHO	ONE NUMBER WITH AREA CODE		
ADDRESS (PHYSICAL)		CITY		STATE	ZIP CODE		
2. RECEIVING WATER BODY SEGMENT #1							
NAME							
3. WATER BODY SEGMENT #2 (IF APPLICABLE)							
NAME							
	Concentration	95 Percent of	90 th Percentile of W	Vater	90 th Percentile of Water		
Tier 1 Pollutant of Concern	Units	Water Quality	Body Segment #	#1	Body Segment #1		
	(mg/L or µg/L)	Standard	Sampling Resul	เร	Sampling Results		
4. IDENTIFYING NON-DISCHARGING ALTERNATIVES							
Supply a summary of non-discharging alternatives considered as stated in the Antidegradation Implementation Procedure Section I.B.1 and in accordance with 10 CSR 20-6.010(4)(D)1. Attach all supportive documentation in the Antidegradation Review report.							
Non-degrading alternatives:							
5. PROPOSED PROJECT SUMMARY							
Attach the Antidegradation Review report and all supporting documentation.							
Attach the Antidegradation Review report and all supporting documentation.							

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CONSULTANT: I have prepared or reviewed this from and all attached reports and documentation. The conclusion proposed in consistent with the Antidegradation Implementation Procedure and current state and federal regulations.					
SIGNATURE		DATE			
PRINT NAME					
TELEPHONE NUMBER WITH AREA CODE	E-MAIL ADDRESS				
OWNER: I have read and reviewed the prepared documents and agree with this submittal.					
SIGNATURE		DATE			
CONTINUING AUTHORITY: I have read and reviewed the prepared documents and agree with this submittal.					
SIGNATURE		DATE			

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